

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No.: 0938-

State/Territory: Mississippi

Citation 3.1(a)(6) Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and
1903(v) of
the Act

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of
the Act

(a)(7)

Homeless Individuals

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) ☐/
and 1920 of
the Act

(a)(8)

Presumptively Eligible Pregnant Women

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55
50 FR 43654
1902(a)(43),
1905(a)(4)(B),
and 1905(r) of
the Act

(a)(9)

EPSDT Services

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

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Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60

P&I HCFA
3-16-92
A

The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.*

42 CFR 440.240
and 440.50

(a)(10)

Comparability of Services

1902(a) and 1902
(a)(10), 1902(a)(52),
1903(v), 1915(g), and
1925(b)(4) of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

/ (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

*Described on Page 22a

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A continuing care provider is one who formally agrees: to provide to individuals formally enrolled, screening, diagnosis and treatment for conditions identified during screening (within the provider's capacity) or referral to a provider capable of providing the appropriate services; maintain a complete health history, including information received from other providers; is responsible for providing needed physician services for acute, episodic and/or chronic illnesses and conditions.

A continuing care provider will function as a health care manager, performing the entire set of EPSDT functions. Providing screening, information, and referral services is part of but does not constitute a complete continuing care set.

Continuing care providers may have to arrange for certain specialty services that are beyond the scope of their practice and may agree, at their option, to provide dental services or to make direct dental referrals.

The continuing care provider may provide assistance with transportation or refer recipients to the agency responsible for this service.

The agency will maintain a description of the services provided and ensure adequate tracking of these services. The agency will also have performance standards that will be monitored by on site reviews.

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Revision: HCFA - Region VI
November 1990

State Mississippi

Citation

42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

Section 1905(a)(4)(A)
of Act (Sec. 4211(f)
of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☐ Yes, to all

☐ Yes, to individuals age 21 or over; nursing facility services are provided.

☐ Yes, to individuals under age 21; nursing facility services are provided.

☐ No; nursing facility services are not provided.

☒ Not applicable; the medically needy are not included under this plan

TN # 91-23

ersedes

79-28

Approval Date 5-4-93

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Effective Date 7-1-91

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December 1993

State/Territory: Mississippi

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 95-10

Supersedes

TN No. 92-02

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Date Received 6-30-95

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

TN # 2615
Supersedes
TN #

Approval Date 2/16/77 Effective Date 11/23/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Mississippi

Citation
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 76-15
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Revision: HCFA-PM-87-5 (BERC)
APRIL 1987

OMB No.: 0938-0193

State/Territory: Mississippi

Citation

42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

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Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
 - ☐ 30 consecutive days;
 - ☐ ___ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

☐ Yes. The requirements of section 1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

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